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CASES OF HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a letter which I received to-day from my friend Dr. Thomas W. Blatchford, of Troy, N. Y., one of our most eminent physicians. The cases accompanying the letter are very interesting, especially at this time, when hydrophobia is occurring in various parts of the country.

I think they are well worthy of publication. It is important to collect all the information possible upon this most distressing and unmanageable disease. Every one who meets with a case of it should make a careful record of its history, symptoms, treatment, and termination, and by giving it publicity we may ultimately learn how to cure a malady which has hitherto baffled human skill.

I hope that you will agree with me in opinion that an early insertion of Dr. Blatchford's cases in your Journal will be a service to the cause of medical science.

I remain very respectfully yours,

Boston, July 17, 1854.

GEO. HAYWARD.

George Hayward, M.D.

Troy, July 15, 1854.

Dear Doctor,—I have to thank you for your "Case of Hydrophobia." I have perused it with great interest. The distinctions you draw between hydrophobia and tetanus are very good and very opportune, and they make the diagnosis comparatively easy.

Of late there seems to be more attention paid to this form of disease than formerly. Perhaps there may be more of it; certain it is, we hear more about it, and yet it is just as intractable as ever, and much about it is still wrapped up in impenetrable mystery. The only way to arrive at a knowledge of its true nature and proper treatment is, to draw out from the oblivion of private practice, facts such as you have sent forth. Were this duty oftener performed in reference to all diseases, our art would sooner arrive at the wished-for goal, and plant itself firmly upon the immovable rock of true science. With us, however, the men most thoroughly taught in the school of enlightened experience, and, of course, the most capable of instructing others, are of all our brethren the most averse to tell us what they know—how they reason—what they have seen—and how they act. Life's brief voyage thus terminates, and they and their rich experience occupy the same grave, and pass

away into forgetfulness together, and the most appropriate monument posterity could erect over their remains would be a *big dark lantern*.

While at St. Louis, at the late meeting of the American Medical Association, in an interview with an estimable friend—a distinguished professor in one of our colleges—the conversation turned upon hydrophobia. He remarked that he did not believe it was a distinct disease, but that what was supposed to be hydrophobia, was merely another form of tetanus. He thus taught his class. He said he had never seen a case of hydrophobia, and asked me if I had; I told him I had seen more than one, and related to him what I had witnessed. He appeared much interested in the description, and had the frankness to say he was now convinced they must be distinct diseases, and he would never again teach their identity. "The cases I referred to, I now forward to you, requesting your opinion of their character, especially the first. I also enclose to you a copy of a case I published in the New York Annalist for December 15, 1847. That Journal had a very limited circulation, and probably very few physicians in the eastern states have ever seen the case.

These cases, together with this letter, you are at liberty to send to the Boston Medical Journal for publication, should you and the editors think they would in this way subserve the cause of science.

WHAT CONSTITUTES HYDROPHOBIA ?

About noon, September 9, 1853, I was requested to visit Michael Delany, a child in the Orphan Asylum, of this city, about 8 years of age. I was informed that he had been "a little unwell for two or three days; that to-day he appeared much worse, and at times acted very strangely." He came into the room where I was, apparently suppressing a smothered cry, and trembling from head to foot as if in a shivering ague. He seemed to be afraid of me, apparently suspicious I was going to hurt him. It was with the greatest difficulty he could be induced to come near me, to let me feel his pulse, and he did not come until after urgent entreaty and repeated assurances from myself and others that I would do him no injury. His hands were cold and his pulse rapid and small. His lips were quivering and his teeth occasionally "chattering." I concluded, after a hurried examination, that he was laboring under the cold stage of an intermittent. I made a very short visit, for I thought my presence gave him pain, notwithstanding I was informed that at intervals he had been in the same state of agitation for three or four hours. I prescribed for him an anodyne draught, with warm drinks and a foot bath, and directed sulphate of quinine to be administered freely after the hot stage should subside, as I presumed it would soon come on, and would not last long.

In about two or three hours I was again sent for, as Michael appeared to be growing worse, and the attendants had become alarmed. I answered the call immediately, and Miss Eastman, the watchful and intelligent superintendent, met me at the door, saying she was confident I had mistaken Michael's complaint. I might depend it was not intermittent fever that affected him. Whatever it was, he was a very sick boy, and was very strangely handled. She feared he would never get well. I

found him apparently as much afraid of me as at first, and quite as reluctant to let me take his hand or even come near him. His hand was now warm, but his agitation was so distressing and his resistance so great that I could ascertain nothing definite respecting his pulse. I was informed that it was with the greatest difficulty he could be persuaded to take his medicine, or even to attempt to soak his feet, for as soon as his feet came near the water it seemed to produce a sensation of suffocation which made him instantly draw them away. In short, remedies were so perseveringly resisted, that the effort to apply them was thought to be productive of more evil than good. It was only by means of firmness and force that anything recommended could be employed. The inhalation of ether was as firmly resisted as any other remedy. All these remedies seemed to produce a distressing sense of suffocation, and catching of the breath. In the evening I called again, and found no improvement. The same difficulty attended every attempt to swallow. He appeared thirsty, and wanted to drink, but evidently dreaded the consequences. In the morning I saw him early. When I attempted to feel his pulse, he drew his hand away, almost convulsed with dread, crying most piteously, his whole body trembling with terror. The least motion of the bed-clothes, or any movement in the room causing the slightest agitation of the air, produced the same catching of his breath, precisely like a person wading in cold, deep water, or an infant when one blows suddenly in its face. I called for drink, and begged him to take a little. After much persuasion he grasped the cup with both his hands in a very hurried manner, and holding it for some seconds at a distance from him, as if to summon an unusual amount of resolution, he suddenly made a desperate effort, throwing it violently into his mouth. He succeeded in swallowing a small portion of it, but by far the greatest portion was lost in the attempt. The effort produced partial strangulation. I was informed that what I had just witnessed was a fair specimen of that which had taken place during the night at every attempt to swallow liquids. He had not closed his eyes in sleep for a moment during the night, nor, indeed, since the attack. His countenance was anxious in the extreme, and he seemed almost frantic with fear, apprehending some dreadful evil and watching with intense interest the movements of every one in the room. Nothing apparently escaped his notice. The motions of his head and eyes were as quick as thought, turning in rapid succession from one object to another. A draft of air, the sight of a cup, the sound of a spoon, or the mere mention of drink, seemed alike capable of producing the same dread of suffocation, or a paroxysm of spasmodic breathing. The same result followed if we touched any part of his body. His skin seemed exceedingly sensitive.

When in his most quiet state he was constantly catching his breath, like a child sobbing after having cried itself to sleep. All remedies proved alike powerless. These symptoms continued, with very little variation—the suffocating spasms, however, increasing in frequency and severity, until the morning of the 11th, when death terminated his sufferings by asphyxia after several violent convulsions. Although, during his illness, some of

the attendants became afraid of him, he manifested no disposition to bite or injure any one, neither was there any unusual amount of saliva secreted.

Upon inquiry, after my second visit, I could not learn that Michael had ever been bitten by a dog; but afterwards, upon making inquiry of the children in the Asylum, and of Michael himself, it was ascertained that he had been bitten by a dog about a year before, and while he was an inmate in the Alms-house before being received into the Asylum. He said he was bitten on the leg while at play in the field, and showed the scar which he persisted in declaring was where the dog bit him. He said they killed the dog. Inquiry was made at the poor-house, but no one there knew anything about it. An individual, however, living near the poor-house premises, says, at the time referred to, a dog said to have been mad was killed in consequence of his biting propensities. Michael complained of no pain in the cicatrix said to have been produced by the bite.

A post-mortem examination was made, but nothing very satisfactory ascertained. The lungs and breathing tubes were injected with blood. The blood was not coagulated; it was fluid and dark colored.

What renders this case the more interesting, is the fact that a case very similar in character occurred in the same institution only a few days previous. I did not see the patient, and all I know of the case is what I have received from others. The case to which I allude is that of John Leonard, about 8 years of age. He was taken sick on the 30th of August, 1853, having been bitten by a little dog in the Asylum yard the September previous. The children were at play. The gate being open, a small strange dog came in, and at once attacked John and bit him, and immediately afterwards ran out again. Whose dog it was, whether it was mad, or whether it was afterwards killed, was never ascertained. The leg was sore for a little while, but healed kindly, and nothing more was thought of it.

The symptoms of this case, I understand, were very similar to those of the case related above. The brain, however, seemed more affected. John was constantly talking about objects which he imagined he saw near him, and of which he was at times very much in fear. He sometimes exhibited high resentment because those present did not see the same, and would not help him to drive them away—symptoms similar to those met with in delirium tremens. With this exception, I understand the symptoms in both cases were very similar, and the manner of death the same in both. John died on the 2d September, and Michael on the 11th.

Now did these cases possess the distinctive characteristics of hydrophobia? I am inclined to think they did, notwithstanding the absence of pain in the cicatrix and the want of an increased secretion of viscid saliva.

Another case is one I visited with Dr. Thorn, of this city, and at my request he has drawn it out as follows:—

Case of Hydrophobia.—David King, ætas. 28, met me in the street on Tuesday, 19th of March, 1839, in the afternoon, and complained of a

sore throat. After making a superficial examination, I prescribed some domestic remedies. At 10 o'clock at night I was summoned to his house, his friends being alarmed at his getting worse. On entering the room, I found him in bed, calm, his skin cool, pulse natural. On inquiring as to the condition of his sore throat, he replied that he felt quite well till he attempted to swallow anything. Some drink was now offered to him, and the near approach of the cup to his mouth threw him into a violent spasm. After waiting some little time, I repeated the offer of drink, and it produced still more spasm. I had only seen one case of hydrophobia, and that in the last stage, but I became immediately convinced as to the nature of the disease before me. On inquiring, I learned, that six weeks previously, while he was playing with a small dog, he was bitten slightly on the hand. The wound was sore for a few days, but healed, leaving no cicatrix. He was bled freely the night in question, and antimony and opium given in large doses.

A consultation of physicians was held the next morning by Drs. Blatchford, Hale and myself, and a similar treatment was followed. The symptoms increased in intensity almost hourly, until it became necessary to use restraint, which was sometimes ineffectual, so violent had he become. The treatment was varied from time to time; chiefly of the narcotic and antiphlogistic character, including some empirical remedy, sanctioned by the State authorities. On Saturday afternoon, four days from the commencement of the attack, he broke loose from his attendants, and seizing a vessel from the side of the bed, threw it with terrible force across the room and instantly expired.

An autopsy was made, in the presence of Drs. Blatchford, Brinsmade, Hale, Smith, Wright, Thorn, and several others. On opening the thorax, the lungs were found healthy and natural in appearance, as were, also, the viscera of the abdomen. The trachea, larynx and œsophagus were highly injected, and the mucous membrane almost in a state of ulceration. The brain was healthy; no effusion in the ventricles, but towards the base and in the medulla spinalis the appearances were of the most intense vascularity, as also in the membranes of the spine, as far down as the fourth or fifth vertebra.

JAMES THORN.

Troy, N. Y., July 2, 1854.

The only other case which I will trouble you with at this time, is the one I published in the "Annalist" for December, 1847, and is as follows:—

"Troy, Nov. 22, 1847.

"Dear Sir,—Last week I was called to witness a case of hydrophobia occurring in this city. The subject was bitten on the 23d of September last, by his own dog—one which he had raised, which was not known to be sick, much less mad. The dog was of the large Newfoundland species, but had been so cross to strangers for several months past, that the family found it necessary to keep him chained almost constantly, which, perhaps, tended to increase his ferocity. On the morning of the 23d of September, a neighboring woman went as usual for water, and on her way to the well passed the dog without molestation. Upon her re-

turn the dog seized hold of her clothes and tore them very much, but without hurting the woman at all. Mr. House, the unfortunate gentleman alluded to, looking out of the window at the time, witnessed the occurrence, and immediately began to punish the dog, by stamping upon him and kicking him several times; but thinking to break the dog entirely of such tricks, he went into the house, procured a leather strap, and returned to flog him. The dog immediately turned upon his master, seized him by the collar, and finally got hold of his left hand, which he did not relinquish until after a severe struggle. The dog was immediately shot. The wounds on the hand healed mostly by the first intention. Mr. House again pursued his business, which was that of a shoemaker, and no subsequent injury was expected.

"On Saturday, the 6th of November, he used his hand more than usual in his work, and in the evening carried home from market on his shoulder a quantity of provisions for his family, the distance of half a mile. He thought he hurt himself from overstraining, for that night he began to complain of sharp, shooting pains in his shoulder, neck, arm, and hand of the left side. Tuesday evening, November 9th, almost seven weeks from the time of the bite, the pain growing more severe, and domestic remedies affording no relief, he sent for Dr. Adams, who finding, besides the acute local pain of the neck and shoulder, a high degree of general irritation, bled him freely, and with marked relief, for the pain in his side and shoulder did not much trouble him afterwards.

"Before this time his thirst had been very great, and he drank water freely and without spasm. On Wednesday, it was found that at times he could not swallow liquids without severe convulsive efforts; and from Wednesday night he became *entirely* unable to swallow liquids, every attempt producing the most frightful spasms, as if strangulation must immediately ensue: indeed, to swallow anything required a great effort, and many unsuccessful attempts always preceded the few successful ones.

"He was continually catching his breath, as if some one was dashing water in his face. He was restless and sleepless, constantly pacing the floor. He could neither sit down nor lie down. He seemed to have his senses, and to be perfectly conscious of his situation; yet he suspected all, not excepting his nearest relations, of some design against him, principally that of forcing him to swallow. In this state I found him on Friday morning, when I saw him for the first time. His pulse varied from 120 to 140, and in the evening to a mere thrill.

"His countenance indicated the most intense anxiety and distress. He was constantly spitting and wiping from his mouth quantities of frothy viscid mucus. His great difficulty of swallowing, and his unwillingness to make the attempt, precluded almost entirely the employment of any internal remedy. One or two doses of opium, in the form of paste, had been administered, but without relief. I then suggested the inhalation of ether, more as an experiment than as promising permanent relief. It was a long time before he would consent to have it tried. The globe with its mouth-piece was procured, and at length he suddenly seized it, carried it to his mouth with a quick convulsive movement, and

as rapidly pushed it away, having apparently the desire without the power of breathing into it. Failing in this, we loaded a handkerchief with ether, and succeeded in placing it under his chin. He soon came under its influence, and the effect was very marked, inasmuch as it greatly, though not entirely, controlled the spasms, and rendered his death comparatively easy, which took place at 5 o'clock, A.M., Saturday, 17 hours after the inhalation of the ether, and 51 days after the inoculation. He commenced vomiting two hours before death, and died in the act, discharging nothing but a white, frothy viscid mucus.

"This case I deem interesting in two particulars:—1st, the dog which inflicted the wound was well until irritated by his master; and, 2d, the controlling power of etherization in spasmodic disease. Should I again be called to a similar case, I would certainly urge the employment of this agent, and in applying it I would prefer the open sponge."

I remain, with great respect, yours sincerely,

THOMAS W. BLATCHFORD.

STATISTICS OF CONSUMPTION IN ROXBURY.

[Continued from page 496.]

XI.—"How far is it influenced by the seasons?"

How far the cases under examination were influenced by the seasons, may be gathered from the following tables:—

Year.	Jan.		Feb.		March.		April.		May.		June.		Totals for Six Months.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1850—51	1	1	2	1	3	3	1		1	8	4	3	12	16
1851—52	4	3	3	1	1	5	1	2	3	7	2	4	14	22
1852—53	3	6	5	2	5	2	2	3	4	3	2	1	21	17
1853—54	1	3		3	1	3	2	3	2	3	2	3	8	18
1850—1854	9	13	10	7	10	13	6	8	10	21	10	11	55	73
	22		17		23		14		31		21		128	

Year.	July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals for Six Months.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1850—51	4	3	2	2	3	3	2	3	3	1	1	4	15	16
1851—52	1	4	1	2	1	5	3	2	4	6	5	3	15	22
1852—53	2	4	3	4	1	5	2	2	4	3	3	3	15	21
1853—54	1	1	2	3	3	2		1	3	3	2	4	11	14
1850—1854	8	12	8	11	8	15	7	8	14	13	11	14	56	73
	20		19		23		15		27		25		129	

Whole number—males 111, females 146; total 257.

The greatest number of deaths from consumption occurred in the month of May ; and the smallest in April and October.

If we take the years by quarters, the following results appear :—

Year.	1st Quarter.	2d Quarter.	3d Quarter.	4th Quarter.	TOTAL.
1850—51	11	17	17	14	59
1851—52	17	19	14	23	73
1852—53	23	15	19	17	74
1853—54	11	15	12	13	51
1850—1854	62	66	62	67	257

Thus the number of deaths in the first and third quarters is exactly alike, amounting to 62 ; and that in the second and fourth nearly so, amounting to 66 and 67 respectively. In the winter months, from October 1st to April 1st, there occurred 129 deaths ; while in the *summer* months, from April 1st to October 1st, there were 128.

We may infer, therefore, that on the whole, consumptive patients have less to fear from any particular season than has been generally supposed either by the community or by physicians. In the table, the month of the greatest mortality immediately follows that of the least. This meeting of two extremes is probably owing to accidental circumstances affecting these cases, rather than to any great difference between the months of April and May as to their effect upon consumption.

XII.—“ *How far influenced by change of climate ?* ”

A reference to the tables (page 493) will show that nearly half the deaths from consumption occurred among foreign immigrants ; and that more than half of the remainder were among Americans, not natives, but only residents of Roxbury. Hence we may infer that, in these cases, neither the removal from another country to this, nor from another section to this part of our own country, has had any beneficial influence. On the contrary, migration seems to have been prejudicial, and to have increased the tendency in the masses to consumption as well as to other diseases.

Nor have we from these cases any assurances that a change of climate has been of decided benefit to individuals. Some of them sought relief within the tropics ; some westward ; some northward, into New Hampshire and Canada. But they all failed in obtaining the desired end, and some, after privations whose recital makes even the stranger's heart to ache, have expired far from country, kindred and home.

XIII.—“ *What climate is the most favorable ?* ”

The history of these few individuals, in respect to change of climate, is but a repetition of that of all persons, in all times, who, when affected with consumption, have sought relief and safety in foreign lands. Every year brings accounts of some new and peculiarly-favored locality ; and every year brings, also, statistics proving that any boasted exemption will not bear the test of careful investigation. From the East Indies and the West, from “ the isles of the ocean ” and those of the Mediterranean, from western prairies and from Italian skies, we hear the same story of the

universal existence, prevalence, and inexorable progress of pulmonary consumption.

XIV.—“*When is a change of climate most favorable?*”

To the foregoing remarks it need only be added that a change of climate appears to be most favorable when little or no disease exists; or at least before it has so far advanced as to injure materially the general health. When the fatigues, annoyances, and even the hardships of travel can be borne with impunity and without repining; when the comforts and attendants of home can be transported also; then, and perhaps then only, will a change of climate in itself be most favorable. If physically or pecuniarily unable to secure all this, no change of climate yet known can with any certainty be promised as an equivalent for the labors, dangers and sufferings incident to a distant removal.

XV.—“*Does sleeping with a tuberculous patient tend to produce it?*”

It is not easy to obtain reliable facts in answer to this question. A name on the records brings to mind a case, which may be cited as more perfect in details and more pertinent than any other now remembered.

A young woman, born in Ireland, from infancy lived and slept with her mother until ten years of age, at which time the mother died of consumption after four years' illness. She then took care of, and slept with, a younger child, for two years more, until its death from “wasting palsy,” as it was called, or tuberculosis according to the description. A year subsequently the father died of fever, after a short illness. She had the fever, with some others of the family. A year later, when 14 years old, she went out to service. At 19, she left Ireland for America with an elder sister, who had gone to service before the mother became sick, and had never returned home. After living at service, together and apart, in various places, the elder sister sickened in Roxbury in the fall of 1850, and shortly after the subject of our story, being then about 26 years of age, went to take care of her. The sister was sick of consumption about two years. During this time the sisters lived together, and for more than a year and a quarter occupied for all purposes the same room, a small ill-ventilated apartment, and slept together in the same bed. The neighbors supplied them at times with food and other necessities. For the last four months an additional room was obtained for them, but they had only one bed. In general appearance, neatness, cleanliness, &c., they surpassed the average of their country people. The elder sister died in November, 1852.

Since her sister's death, the younger has served as a nursery maid, a situation for which she is well qualified. She is well-formed, of medium size, and has a very slightly scrofuloid aspect. She has had no illness since, except a mild inflammation of one of the wrists, which has not quite departed. A thorough examination of her chest, while writing this account, gives no indication whatever of tubercular or other disease of the lungs. She assures us that she has never had anything of the kind.

XVI.—“*Is the disease communicable from one to another in any way?*”

The records fail us on this point. As far as can be ascertained, the

circumstances generally relied on to prove a disease communicable or really infectious, are wanting, or so equivocal in these cases that any deduction from them would be unsafe.

XVII.—“*What is the best treatment?*”

There is probably no fact in medicine more thoroughly established than the occasional suspension of actual tubercular development, and even the perfect cicatrization of the diseased surfaces after the softening process has supervened. That such instances are more common than is generally credited, is also very probable. We occasionally meet with them in our limited experience; and morbid anatomists make frequent mention of their occurrence. Rokitsky, the celebrated pathologist of Vienna, asserts, without qualification, that “tuberculous pulmonary consumption is unquestionably *curable*, as we may infer from the appearances not unfrequently observed in the dead bodies of persons who formerly had more or less thoracic affections, and subsequently recovered.”—Vol. IV., p. 116.

The question of treatment, therefore, is not always what will best smooth the downward passage to the grave, but what course will be most probably followed by recovery or a prolongation of life.

It should be borne in mind that there are possibly two forms of tubercle (the gray and the yellow, “interstitial granulations and infiltrated tubercle”), having different origins, different methods of development, and distinct sites or points of departure. The former has its location in the parenchyma of the lungs; the latter in the cavities of the air-cells. The one in its development has a greater affinity to an inflammatory process; the other to a specific affection. This distinction, the history, external characteristics, and symptoms (both physical and rational), may sometimes differentially indicate, but not always. Indeed, the mooted question of the specific or inflammatory origin of tubercle, though less bruited than formerly, has not yet been decided. The former now finds one of its most able advocates in the celebrated Hassé of Zurich; while Rokitsky strongly inclines to maintain the latter—at least in the yellow variety. On this point he is quoted with apparent approval by Paget, in a work which surpasses anything of its kind since the days of John Hunter. Moreover, the doctrine of the inflammatory origin of tubercle has a most able advocate in our distinguished New-England pathologist, who “has long been disposed to consider it a form of inflammation”; and who goes a step farther in saying, “that all the forms of tubercular disease of the lungs are essentially the same.”

Bearing these hints in mind, the best treatment will be that, which on the one hand tends to build up and strengthen, while on the other it least promotes any supposed inflammatory action that may be at the foundation, or in connection with the disease. Leaving the various and daily exigencies of the sufferer to be as tenderly dealt with as the best judgment of the rational practitioner will permit of, and merely intimating that medicinal agents should be very sparingly used until their actual value has been more accurately ascertained—the more important considerations may be briefly alluded to.

Clothing, food and exercise, the great essentials in any prophylactic

or remedial treatment, must receive the chief attention. *Clothing*—warm, woolen, and to an amount rarely worn in this region, summer as well as winter; *food*—generous, nutritious, including meat from fatted animals, and not unfrequently stimulants; *exercise*—in the open air, both active and passive, *every* day, wet or dry, in storm or shine, winter or summer. The winds and storms, if sufficiently guarded against by abundant and suitable clothing (even the much-abused east winds), can be more safely encountered than physicians have always been willing to admit. There is seldom a day throughout the year when, if suitable for the well, it may not be better for consumptives, at least in the incipient stages of disease, to take the air, than to remain within doors.

The efforts of the profession heretofore seem to have exhausted themselves in the almost hopeless endeavor to discover some specific, which should destroy the diseased action considered in itself *sui generis*; but should it turn out, as later microscopic investigations strongly indicate, that the disease has no such character, all future labors in that direction will necessarily be abandoned.

Multitudes have suffered and died from consumption; and multitudes are following daily, and to follow. But not all the agonies of the disease, and they are neither few nor small, have exceeded those, self-imposed or commanded, with advice or against advice, which have arisen from the swallowing of "poor compounds," of any of which one would think might truly be said—

"If you had the strength
Of twenty men, it would despatch you straight."

Some of the more useless and more repulsive are now just going out of fashion—to be replaced, it is to be hoped, by others of at least equal virtues and milder characteristics.

[To be continued.]

"ALCOHOL IN MEDICINE"—REPLY TO DR. GILMAN.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In your Journal of June 21st, Dr. Gilman states that I have taken it for granted, that alcoholic liquors are a *specific* for the bite of the rattlesnake. I have never taken such a statement for granted. I did state, in a former number of the Journal, that, so far as I could learn, the bite of the rattlesnake was not so "amenable" to any other known treatment. This is not saying they are specifics. A specific is defined to be "a remedy that has an infallible efficacy in the cure of disorders." I believe no such remedies exist. I trust Dr. Gilman will act fairly. The doctor again asks questions, a part of which I will try to answer. His first question—"How long has it been known to the medical profession, that alcohol is a specific for the bite of a rattlesnake?" is already answered above. 2d. "Is the bite of the reptile always fatal under the ordinary treatment or no treatment at all?" I do not suppose it is; many other cases to which medical men are called, are not always fatal "under ordinary treatment or no treatment at all."

3d. Does the alcoholic treatment ever fail?" Most assuredly it does. The best treatment often fails in *other* cases of sickness. Were it not for this fact, death would be robbed of its terrors, and the grave of its premature victims. 4th. "What form of alcohol is best, and what the best mode of exhibition?" Let the numerous cases reported in the various journals decide this question. Dr. G. thinks that because other remedies have been used with alcohol, it is entitled to but little credit. The same fallacious opinion might be entertained about almost every other remedy. It is therefore of no force as applied to this *one*. Calomel and the lancet, he says, are accused of killing those who die in communities where they love rum. No doubt the indiscriminate use of calomel and the lancet has killed many—so has the improper use of alcoholic liquors. His fears that the medicinal use of alcohol will almost surely lead to drunkenness, cannot, I think, be well founded. Hundreds use them medicinally, and never get drunk. Those who do, are exceptions to the rule. In reference to iodine, Dr. Harwood, in a late number of the North Western Medical Journal, uses the following language:—"I know the tincture to be much better than the iod. of potass., or aqueous solution, for the reason that it is more readily absorbed on applying to the surface of the body than any other preparation of iodine." If it is the best preparation, why not use it?

The doctor says, that to be beneficial, alcoholic remedies should be promptly used, and would have to be kept in every family. This is no argument against their proper use. Is there as much drunkenness in France, where, we are informed, liquor in some form or other is within the reach of almost every one, as in this country? Cold water, he tells us, is an effectual remedy—several cases having been reported in the Water Cure Journal. Let me ask the doctor—without wishing to promote controversy, however, if the *water* treatment ever fails? He details a case of delirium tremens. I will give one that fell under my care. Over a year ago, I was called to see a man who had been drunk nearly every day for several weeks. He had *delirium ebriosorum*. I bled him (he was a large athletic man), put a blister to the nape of his neck, sinapisms to his feet and ankles, and ordered a large dose of castor oil and turpentine. I also directed his attendant to keep cold to his head constantly, by means of cloths wet in water. Ice could not be obtained. No liquor was given, but strictly prohibited. Under this treatment he quickly recovered. He *promised a reformation*; but in a short time again took to drink, and was drunk several times. By the persuasion of friends, he again suddenly left off drink. The next day I was called to see him. This time his looks were haggard, eyes sunken and glairy, limbs trembling. Hideous objects passed before him. Huge beings were trying, as he thought, to kill him. Devils were all around him. As he was trying to reform, I thought I would use opium or morphia, lest his appetite might be provoked to renewed indulgence. I ordered two grains of morphia every hour. He took this for eight hours, at the end of which time he was worse—trembling increased. I now commenced giving him strong brandy and morphia. In six hours he took nearly a pint of the brandy, and three additional grains of morphia. He then fell

into a sound sleep. From this time he began to recover, and soon got well—the brandy being continued a day or two. He then united with the Sons of Temperance, and has since kept the pledge.

Was my treatment in this case “lamentable,” “unscientific,” “and barbarous”? If so, Dr. Gilman and a few others are “alone in their glory,” and a great many of our brethren are “unscientific” “and barbarous.”

Dr. Gilman says he is decidedly of the opinion that a physician does no good, either to the patient, friends or community generally, by curing a case of delirium tremens, unless he reforms the man.” I hold to the opinion that all diseases are produced by the violation of certain laws. This may be done knowingly or ignorantly. *Delirium tremens* is produced by knowingly violating the laws of health. It is so with other diseases. Now suppose I were to say to Dr. Gilman that he was of no use, “either to patient, friends, or to the community generally, in curing” persons of *any disease*, “unless he reforms them,” and thus prevents a second attack. If his doctrine applies to one case, it must to the other. If he should quickly cure a patient of an attack of fever, brought on by improper and culpable exposure to cold, he, seeing the impunity with which he could get sick, might be induced to expose himself again, and bring on another attack. Then let me say to Dr. Gilman in his own language:—Do not “resort in the outset to those means which will preclude the possibility of a reformation.” Such is Dr. G.’s doctrine, and such are his admonitions—does he act accordingly?

Carthage, Ill., July 5th, 1854.

GEO. W. HALL.

P. S.—Will Dr. “B.” of Philadelphia, give me his name in full.

G. W. H.

CHOLERA AND ITS TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of cholera, at this time, seems to engross a large share of the anxieties and fears of the community; and Journalists, professional and secular, with few exceptions, generously devote a portion of their publications to such remarks as tend to mitigate the terrors of the more timid and direct to the most judicious procedure. While some urge attention to a prophylactic course, to prevent its accession, and others to remedial appliances, a few only have ventured upon the exposition of a theory satisfactory even to themselves. The primary and most important question, What is cholera? still remains a *question*, approached with diffidence and uncertainty, although of vital importance in forming a basis, from which to draw a rational course of medication. No acknowledged, generic character, it is believed, has been established for it. No wonder, then, that physicians differ so widely, in the means to which they resort to suppress its development and prevent its fatality; each differing from all, thus enhancing, in a great measure, the dread of all, from the consideration that, when any two arrive at opposite conclusions upon the same subject, one *must*, both *may*, be wrong.

What, then, is cholera? Is there a specific poison, generated in the stomach, produced, on the one hand, by a peculiar predisposition, or abnormal condition of that organ, acted upon by atmospheric influences, or miasmatic inhalation? That a poison of a most virulent character is diffused through the system in this dreadful malady, is much more than conjecture. The predominant symptoms of cholera, from its onset to its termination, are strikingly exemplified by the action of septic acid received into the circulation. This train of circumstances may be imitated very minutely, by the specific effects, on the normal system, of antim. tartarizatum. Than this, or the septic acid, no article or combination of articles, known to us, can be introduced in any manner, into the stomach, followed by circumstances so nearly allied to cholera. The premonitory diarrhoea, the vomitings, the cold extremities, distress in the gastric region, cramps, collapse, death—all follow, in regular succession, under the varied exhibition of tart. ant. Orfila, in his work on poisons, after observing that septic acid is generated in animal matter exclusively, says that “no process, however adroit, has been able, either synthetically or analytically, to determine anything satisfactory of the production of this destructive poison. That it discovers itself in a great variety of forms in the diseased animal economy, must have been observed by those even of limited opportunity.” Admitting these premises, a course of treatment readily suggests itself. The medical appliances of such physicians as have been most successful, have been measures calculated to arrest the formation, accumulation and diffusion of this subtle, unaccountable poison, or to neutralize or counteract its deadly influence.

Our practical knowledge of this disease is limited; nor do we suggest these ideas for other motive than to elicit, from abler pens, a more judicious theory. The few cases which have fallen under our care and observation, during this and former seasons, have been treated in accordance with these views. They may be considered hypothetical. Be it so. If a treatment based on hypothesis is attended with satisfactory results, as this has been invariably, in our hands, it is certainly better than nothing. The fitful or evanescent light of the will-o'-wisp, or fire-fly, is sometimes more desirable than total darkness.

J. P. ALDEN, M.D.

Cambridgeport, July 20, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 26, 1854.

Summer Sickness.—As the heat of the season advances, bowel complaints make their appearance. These are the result, generally, of indiscretion, showing itself either in over-eating, or in using crude berries and badly-cooked green vegetables. Children are the largest sufferers, as they have but a feeble share of reasoning power to guide them in the choice of food; and those having the care of them are, as often as otherwise, influenced quite as much by the promptings of appetite, as the admonitions of experience.

Ripe fruits, when not taken in excess, are conducive to health. They are absolutely necessary to its maintenance in many parts of the world. With us, the apple is an essential ingredient in a correct system of diet. But it would be a waste of words to urge the point. A dissertation on the bad tendencies of beefsteak would be no more absurd, than an attempt, on any common-sense principle, to prove that rich cherries, luscious pears, blushing peaches, or ripe grapes, were not intended for food. The great point, already referred to, must not be lost sight of, viz., to be sure the fruit is fully ripe, and be moderate in the use of it.

Exhibition of Wild Men.—An exhibition of a novel character has been well patronized in Boston, for some weeks past. It consists of two miniature men, very well proportioned little fellows, with long flaxen hair—supposed to be brothers—who are represented to have been brought from an obscure section of the Island of Borneo. The man of words who has care of them, mounts a rostrum, from which the people are kept at a respectful distance by a wooden railing, and when the watch hand arrives at the destined figure, he begins something after this fashion:—"Here, gentlemen and ladies, is the rarest curiosity in the world: two wild men from the island of Borneo. They are supposed to be half human and half orang-outang. One has no under jaw, while the other has the teeth of a beast. A wonderful combination of physical powers centre in their composition. They have but eleven ribs—they have no apple to their throats, and in consequence they have no language but a whisper that begins down in the belly. A great sight, gentlemen and ladies—just look—[parting the hair]—they have no brain, but an empty skull, without an organ for memory, or a place to put a thimble-full of sense. Gentlemen, in all my travels over the globe, having been three times to Africa, this sight beats all others. Why, by running your fingers down their backs, you perceive they have no spinous processes, while the top joint of the neck is in the form of a knob, something like half a cocoa-nut-shell, which admits of no rotation. Their necks might perhaps be broken, but never bent in the wrong direction. These wild men have mighty strength. They lift a stout man just as though he were a shuttle-cock. On the back of the head is the shape of a heart—very beautiful, and only comes from mixing the blood of beast and man. Then, again, the palms of the hands have but three lines, whereas all men of intellect have four. Double joints, gentlemen, are found in the ankles of these interesting strangers, and all over the remainder of their bodies. They never speak, as before observed, although they whisper an unknown language which they alone can comprehend. Their stomachs, too, are singularly constructed, after the appearance of a green-baize satchel, in which they carry their dinners. Without either laughing or crying, they manifest their passions, and make demonstrations of muscular prowess by their long, sharp teeth, either on man, dog, or beefsteak, according to circumstances. Walk up, gentlemen and ladies, without stepping on to the platform. Half beast and half man—a dreadful combination—nothing to be compared to them in this or any other country."

This long story will show the pretensions in regard to these wild men. Now we opine that they were born in Europe—possibly somewhere at the North, as they have a kind of Norse expression. May be they are veritable Yankee dwarfs; and if so, they must laugh in their knit shirts at the ingenuity of the narrative related of them.

Prescription Paper.—The Massachusetts College of Pharmacy have lately had some very neat and convenient blanks prepared for the use of physicians in writing their prescriptions. It is not only important, but a convenience and *luxury* to the apothecary, to have the prescriptions of physicians written in plain characters, and in a regular size and form. We have been witnesses of negligence on the part of physicians in writing their prescriptions; and we think that if this new blank form is adopted, it will in a great measure obviate the difficulty. Mr. Ashel Boyden, one of the officers of the college, corner of Myrtle and Hancock streets, is prepared to furnish the blanks gratuitously to those physicians who may be disposed to make use of them.

Artificial Teeth.—Dr. Loomis, of Cambridgeport, Mass., states, in the July number of the New York Dental Recorder, that he has made what he considers an important improvement in sets of artificial teeth. Either whole or half sets are made of porcelain, without the use of any metallic plate, and are in one piece. If the plates are found of sufficient strength to resist the influences that are brought to bear against them, we can see no good reason why the metallic part cannot be dispensed with. Without the plate, the work would present a neater appearance, and can certainly be afforded cheaper, which in itself is a desideratum, provided every other indication is answered.

Pulmonary Tuberculosis.—John Hughes Bennett, M.D., &c., of Edinburgh, is a well known writer, of great ability, and distinguished for the accuracy with which he conducts his medical investigations. His treatise on "The Pathology and Treatment of Pulmonary Tuberculosis, and on the local medication of Pharyngeal and Laryngeal diseases, frequently mistaken for or associated with Phthisis," comes to us in a neat form, from the press of Messrs. Blanchard & Lea, Philadelphia. There are but four chapters in the book, but they embrace a great number of topics, Dr. B.'s views upon which, are clearly and forcibly expressed. The compactness of the work is one of its recommendations. Were this the first notice of Dr. Bennett's labors in this special sphere of practice, a more elaborate account of the book would be necessary. As it is, the simple announcement of something from the author's busy pen, is quite sufficient to enlist the interest of the profession. In Boston, copies are on sale at Ticknor & Co.'s, Washington street.

Syphilitic Diseases.—"The modern treatment, both primary and secondary, comprising the treatment of constitutional and confirmed syphilis, by a safe and successful method, with numerous cases, formulæ and clinical observations, by Langston Parker, M.D., &c., from the third and entirely re-written London edition," has been issued by the Philadelphia house of Messrs. Blanchard & Lea. It is another practical, concise and judiciously prepared guide, which every physician ought to possess. The book is an octavo of 316 pages—beautifully printed on a clear, firm paper, with good type. There are thirty-three chapters, which allow scope for each and every subject properly belonging to the domain of syphilis to be cautiously examined and carefully weighed. "For nearly twenty years," says the author, "I have now devoted myself to the therapeutics of syphilis—more especially in its secondary and constitutional forms." It would be useless

to pretend that this or any of the standard works on syphilis, from Bell down to the present author, contains the whole that may be known of this dreadful malady. It is a cancer-eating torment, which can never be left to itself, with an expectation that nature will root out the evil. Medicine, and that skilfully prescribed, is the only hope of the patient. As syphilis is forever the same in character, the descriptions of one author are about equal, in value to those of another; but in medicinal remedies and method of treatment there is a manifest difference. Notwithstanding the low estimation in which those are held in this country, who give much or all their attention to this particular branch of practice, it is really a very important matter to the community that the disease should be thoroughly understood. We cannot be blind to its extensive prevalence in all commercial cities, nor be ignorant of the fact that whole families may suffer from a taint through the want of skill in a physician. It is because physicians themselves frown upon those among us who would give character to the business of curing syphilis, as in France, that quacks have monopolized it, and become rich thereby.

Practice of Auscultation.—Messrs. Blanchard & Lea have brought out a second edition of an excellent treatise by M. M. Hughes, M.D., under the title of "A Clinical Introduction to the Practice of Auscultation in Diseases of the Lungs and Heart." Those who feel the full weight of the responsibilities that rest upon them in the practice of their profession, must of course set a high value upon those publications which set forth the experience of others. Having presented an analysis of this work on the appearance of the former edition, there is no necessity for repeating it, or alluding to the encomiums which the medical press bestowed upon the efforts of the author at that time. There has been a careful revision of the text, and emendations which greatly improve the work. A study of the diseases of the chest is greatly facilitated by such a guide as this. Without some such guide, the student would be groping in darkness. We trust that medical gentlemen will secure copies of this, and, in fact, all other books which furnish them proper directions for the management of maladies peculiar to the heart and lungs.

Prescription for Cholera.—The following comes to us from Dr. O. M. May, of Montezuma, Cayuga Co., N. Y. It is presented to the readers of the Journal, as other recipes have heretofore been presented, without any recommendation or endorsement on our part—but merely as a mode of treatment recommended by a respectable member of the profession.

"*R.* Gum opium, 3 ss.; capsicum, 3 i.; carb. soda, 3 iij.; French brandy, O l; sulphuric ether, 3 vj. Macerate and filter, then add, chloroform, 3 ss. Dose for an adult, gtts. xv. in f. 3 ss. cold water, every fifteen minutes, till relief, increasing the dose each time.

Protrusion of a Portion of the Parotid Gland into the Mouth.—This very rare occurrence, occasioned by an accident, happened to a little boy of six years of age, some weeks since, and he has since been under our care. It appears that, while playing with other boys, and running with the end of a stick in his mouth, he tripped and fell down face foremost. The consequence was, the stick entered the cheek on the right side, near the angle of the inferior maxillary bone, and upwards into the substance of the parotid

gland. Considerable hemorrhage followed, and a portion of the gland protruded through the opening thus made. It was found next to impossible to return the protruded portion, and have it retain its proper position, and we therefore deemed it advisable to let it alone. A wash composed of rose water, tinct. of myrrh and chloride of soda was freely applied to it five or six times a day, since which time the tumor has nearly disappeared and the boy is doing well.

Death of Physicians by Cholera.—We have already chronicled, the present season, the death of several physicians by the Asiatic cholera. The following addition to the list we copy from the public papers.

"On Thursday last, Joseph Dennis, M.D., one of the House Physicians of the New York State Emigrant's Refuge Hospital, on Ward's Island, died of cholera. The deceased was 26 years of age, and was a son of Rev. R. G. Dennis, of Grafton, Mass. He had suffered from dysentery, from which he was convalescent; on Wednesday afternoon he was attacked by cholera, and sank within twelve hours after the supervention of the disease. Dr. Dennis had given promise of being an ornament to the profession of his choice."

The Springfield Republican says, "We are pained to learn that Dr. Samuel W. Graves, late of this city, is numbered among the victims to the cholera in Chicago, where he died on the 7th inst., after an illness of seven hours. His health had not been good for some time before he was attacked by the fatal epidemic. The Doctor left this city for Chicago some two or three years since."

Alcohol for the Bite of a Snake.—The following notice of a case of poisoning by the bite of a snake, relates to a matter, in regard to treatment, which has been discussed in our pages of late. If the statement is correct, it would seem to show that alcohol is not a specific in the treatment of such cases.

"Purnell Jackson, of Worcester County, Md., on the 12th ult., was bitten on the end of his finger by a copper-head snake, from the effects of which he died the next day. Immediately after being bit he drank a large quantity of whiskey, thinking it would counteract the effect of the poison, but, unfortunately, it had no such effect."

Plymouth District of the Massachusetts Medical Society.—A meeting of this Society was held in the town of Hanover, at the house of one of the Fellows, July 19, 1854. It was a spirited and highly interesting meeting of the medical gentlemen of the "Old Colony."

Paul L. Nichols, M.D., of Kingston, was chosen President; Alfred C. Garratt, M.D., of Hanover, Secretary and Treasurer; and Francis Collamore, M.D., of Pembroke, Librarian. Winslow Warren, M.D., Timothy Gordon, M.D., both of Plymouth, were elected as Counsellors. Josiah S. Hammond, M.D., of Plympton, Timothy Gordon, M.D., of Plymouth, and Samuel A. Orr, M.D., of Bridgewater, were chosen as a Board of Censors for the ensuing year. Nelson B. Tanner, M.D., of East Abington, James L. Hunt, M.D., of Plymouth, and Dr. Isaac Pain, of South Marshfield, subscribed to the By-Laws of the Massachusetts Medical Society; and Frederic A. Jewett, M.D., of Centre Abington, and H. N. Jones, M.D., of Kingston, were also received as members of this District Society. The

current assessments, together with all arrears due from members present, were promptly paid in. We should judge, from the business character of this meeting, from the cordial and unceremonious congratulations and greetings of medical brethren, from the firm assurance of each, and the Resolves of the whole, that a new spirit of self-respect, united to a respect for others, is being infused through this whole body. After tendering a very polite vote of thanks for private entertainment, the members adjourned, to hold their semi-annual meeting in Plymouth, on the first Wednesday in November next.

Medical School of Harvard University.—The following gentlemen were examined on the 10th inst., and have since received the degree of Doctor of Medicine.

Albion Keith Parris Bradbury, A. M. (Bowdoin), *Dropsy*.

George John Donnelly, *Abortion*.

George Higginson Gallup, *Anæsthetics applied to Therapeutics, Surgery, and Midwifery*.

Edward Lorenzo Holmes, A. B. (Harvard). *Inflammation of the Stomach*.

Francis Minor Lincoln, *Laws of the Animal Economy, their position and relation to Pathology and Surgery*.

Edward Perine Morong, *Cataract*.

George Henry Oliver, *Delirium Tremens*.

Enoch Hilton Pillsbury, *Scarlatina*.

Oliver Dean Root, *Mercury*.

Joel Seaverns, A. B. (Harvard), *Hereditary Influence as a Cause of Disease*.

Lincoln Ripley Stone, *Dysentery*.

Michael William Turner, *Pneumonia*.

J. B. S. JACKSON, M.D., *Dean of the Faculty*.

Suffolk District Medical Society.—The monthly meeting of this Society, for medical improvement, takes place at their rooms in Phillips Place, on Saturday evening next (July 29th), at 8 o'clock. It is expected that Dr. Durkee will exhibit, at this meeting, a series of microscopical specimens.

ERRATA.—Page 490, tenth line from bottom, for 50, read 60; for latter, read smaller. Page 491, sixth line from bottom, for 397, read 297.

MARRIED.—In New York, 13th inst., Dr. P. H. Skinner to Miss J. M. Hills.—In Brooklyn, L. I., July 17, James F. Blauvelt, M.D., to Miss Mary E. Welles, of Brooklyn.—In Beverly, 13th inst., Charles Haddock, M.D., late Charge d'Affaires for Portugal, to Miss Sarah Ellen Whitnev.—On the 19th inst., Dr. John Hastings of Philadelphia, to Julia, daughter of the late Charles P. Sumner, Esq.

DIED.—In this city, of cholera, Dr. J. Sabine, dentist, 38.—In Cornwall, Orange Co., N.Y., on Saturday morning, Isaac Greene, M.D., of N. York, after a lingering illness.—On board whale ship Alfred Gibbs, on the passage from Talcahuano, for New Bedford, June 13th, of consumption, Dr. Henry Arey, formerly of Edgartown, passenger, 34.

Deaths in Boston for the week ending Saturday noon, July 22d, 98. Males, 54—females, 44. Burns and scalds, 1—inflammation of the bowels, 2—disease of the bowels, 1—inflammation of the brain, 2—disease of the brain, 2—congestion of the brain, 2—consumption, 21—cyanosis, 1—convulsions, 2—cholera, 14—cholera infantum, 3—cholera morbus, 2—croup, 2—dysentery, 2—diarrhoea, 2—dropsy in the head, 1—infantile diseases, 4—erysipelas, 1—typhus fever, 1—hooping cough, 1—disease of the heart, 2—hip disease, 2—intemperance, 1—inflammation, 1—inflammation of the lungs, 4—disease of the liver, 3—marasmus, 3—measles, 1—old age, 3—palsy, 1—rheumatism, 1—suicide, 1—smallpox, 3—teething, 4—unknown, 1.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 31—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 57—Ireland, 34—England, 2—British Provinces, 3—Germany, 1—at sea, 1.

M. Ricord, of the Hôpital du Midi.—Dr. Austin Flint, of Buffalo, N. Y., now on a visit to Europe, writes as follows, from Paris, for the pages of the Buffalo Medical Journal, of which he is one of the editors:

"M. Ricord has a world-wide reputation as the author of several treatises on syphilitic affections, which have materially altered, in many respects, the pathological views and the practice of the profession of all countries, in this class of diseases. No writer, indeed, for the last ten years, has been so prominently identified, as he, with the literature of this subject. He is emphatically *the* authority on all points pertaining to it, how justly, I am not prepared to say. As a practitioner in this specialty he holds a corresponding position. During his consultation hours his *salons* are crowded with patients of all ages, conditions, and of either sex, who receive from the servant at the door cards numbered in the order of their application, and they are admitted in the same order. It is said that his practice is more lucrative than that of any other practitioner in the city.

"The wards of M. Ricord at the *Hôpital du Midi* contain a hundred or more patients, presenting every variety and stage of syphilitic disease. As a field for study for one desirous of devoting attention to this department, it is all that could be desired. Here may be observed, at once, groups of cases which in a general hospital, and still more in private practice, would not fall under observation for months or even years. It is in this point of view that Paris offers for clinical studies great advantages.

"M. Ricord must be at least fifty years of age; but with an abundance of black hair, a full face free from wrinkles, a brisk gait, and a vivacity of manner amounting almost to boyish friskiness, he appears much younger. Mirthfulness must be a prominent trait in his mental constitution. He passes from bed to bed, greeting his patients always with a smile, often with a jest, and sometimes patting them playfully on the cheek. In these demonstrations of familiarity he compromises somewhat that dignity of demeanor, which is usually preserved by the hospital physicians and surgeons here, without any approach to stiffness or affected pomposity of manner.

"After visiting the wards, M. Ricord examines and prescribes for out-patients, who usually apply in great numbers."

Disgusting Medical Advertisements.—A society has been formed in London and Manchester, called "the Union for Discouragement of Vicious Advertisements," which by the circulation of tracts calls upon the public to set their faces against papers admitting such advertisements as "Manhood," "The Silent Friend," "Nervous Debility," &c. We heartily wish the society may succeed in excluding advertisements of the kind in question, and in putting down all papers that insert them. We should feel surprised that the proprietors of any newspapers could be found sufficiently vile to publish such offensive indecent announcements, but that we know that no work is too dirty or disreputable for some people to do, and that life is clung to so tenaciously that a continued existence in a fetid atmosphere of moral corruption is preferred by some degraded specimens of humanity to decent death and burial.—*Nottingham Journal.*

The Hahnemann Hospital.—This institution has ceased to exist; the furniture and effects were sold by auction, on the 14th inst., by Messrs. Debenham and Storr. It has scarcely carried on its miserable existence even for the time which we allotted it.—*London Lancet.*

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